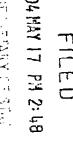
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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

SUBJECT: .	AQUARIUS FURNU (Proposed corporate n	URE MFG, CORP. arme – must include suffix)	.
Enclosed is an o	original and one (1) copy of	f the articles of incorporation a	nd a check for:
□ \$70.00	□ \$78.75	Nd. \$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	FROM:	RAMON REYES	·
		Name (Printed or typed)	-
		5035 PALM AVE. Address	
		HIALEAH, FL. 33012	_
		City, State & Zip	
		(305) 822-0669	
	· · · · · · · · · · · · · · · · · · ·	Daytine Telephone number	

NOTE: Please provide the original and one copy of the articles

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AQUARIUS FURNITURE MFG, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

457 W. 27th ST. HIALEAH, FL. 33010.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ROMMEL AVENDANO 1337 W. 49th PL. APT. 216 HIALEAH, FL. 33012

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

PRESIDENT/

ROMMEL AVENDANO

457 W. 27th ST.

SECRETARY:

HIALEAH, FL. 33010

Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Register Agent Date